



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 S. Main Street, Bel Air, MD 21014
410-638-3305

FOR OFFICE USE ONLY

License No. _____
Date Applied _____
Expiration Date _____
New _____ Renewal _____
Application Fee _____
Vehicle Fee _____

TOW SERVICE APPLICATION

2nd location - Office and Lot (if applicable)
Tow Area # _____

Firm/Business Name: _____

Business Address: _____ City _____ State _____ Zip Code _____	Mailing Address _____ City _____ State _____ Zip Code _____
Telephone No. Day: _____ Night: _____	Business Hours

Owner's Name: _____ Last First Middle		Manager's Name: _____ Last First Middle	
Date of Birth: _____	Home Phone: _____	Date of Birth: _____	Home Phone: _____
Home Address: _____ City _____ State _____ Zip Code _____		Home Address: _____ City _____ State _____ Zip Code _____	
Driver's License No: _____	State: _____	Driver's License No: _____	State: _____

*****FOR OFFICE USE ONLY*****

TOW AREA # _____

ZONING APPROVAL _____ Original Date App: _____ Current Date _____

ADDRESS: _____

SHERIFF'S OFFICE RECOMMENDATION: APPROVAL _____ DISAPPROVAL _____

APPROVED BY: _____ DATE: _____

IF DISAPPROVED - REASON: _____

BUSINESS/STORAGE FACILITY

Storage Facility Location (Minimum fence height-8 feet - Minimum capacity 10 vehicles):	Vehicle Capacity
Security: <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Alarm <input type="checkbox"/> Other	

REGULATION AND LICENSURE

Is the business properly licensed under state, local and business ordinances? (Submit copy of license with application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business licensed as an automotive dismantler, recycler or scrap processor by the Maryland State Motor Vehicle Administration? (Submit copy of license with application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you comply with environmental regulations as required by Article 27, Section 469 and Title 8 Natural Resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have storage facilities for storing waste fuel oil and other vehicle fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOWING VEHICLES

(LIST EACH TRUCK PROVIDING ALL INFORMATION)

Are all towing vehicles properly insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit a CERTIFICATE OF INSURANCE with ONHOOK/CARGO insurance included	Amount of Coverage
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Vehicle Year	Make	Serial No.	Tag No.	State
Type: <input type="checkbox"/> Roll Back <input type="checkbox"/> Boom <input type="checkbox"/> Other	GVW Rating			

Vehicle Year	Make	Serial No.	Tag No.	State
Type: <input type="checkbox"/> Roll Back <input type="checkbox"/> Boom <input type="checkbox"/> Other	GVW Rating			

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Type: <input type="checkbox"/> Roll Back <input type="checkbox"/> Boom <input type="checkbox"/> Other	GVW Rating			

I solemnly swear and affirm, upon personal knowledge and under the penalties of perjury, that the foregoing responses are true and correct.

I further understand that false statements on this application may result in denial or revocation of a Towing Business License pursuant to Section 237-2 of the Harford County Code.

In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County Code, Chapter 237 (Towing Businesses), as amended.

Name (please print)

Signature

Date